

D Voice Laryngeal Cancer

Record ID

1. Gold Standard Diagnosis

Did the patient get a laryngoscopy/stroboscopy confirming the presence of a suspicious laryngeal lesion?

- ☐ Yes
☐ No
☐ Not certain

Does the patient have laryngeal cancer confirmed by biopsy/pathology report?

- ☐ Yes
☐ No
☐ Not certain

Did the patient undergo other types of scans? (Select all that apply).

- ☐ CT of the neck
☐ CT of the chest
☐ MRI of the neck
☐ PET-CT
☐ Ultrasound of the neck

2. Disease Subtype

Which laryngeal structures are/were involved? (Select all that apply).

- ☐ Right vocal fold
☐ Left vocal fold
☐ Both vocal folds
☐ Anterior commissure
☐ Ventricular folds (right or left)
☐ Subglottal areas

3. Etiology

Check any risk factors of this patient in relation to their laryngeal cancer. (Select all that apply).

- ☐ Smoking
☐ Alcohol
☐ Family history
☐ Human Papilloma Virus (HPV)
☐ Exposure to other harmful substances

Please specify:

4. Disease Severity

What is the T stage of the cancer based on the AJCC Classification?

- ☐ Tis (carcinoma in situ)
☐ T1a
☐ T1b
☐ T2
☐ T3
☐ T4a
☐ T4b
☐ Unknown yet

Please see the table for reference:

What is the N stage of the cancer based on the AJCC Classification?

- ☐ N0
☐ N1
☐ N2a
☐ N2b
☐ N2c
☐ N3
☐ Unknown yet

Please see Table for reference:

What is the M stage of the cancer based on the AJCC Classification?


- ☐ M0: no distant metastasis
☐ M1: Any distant metastasis

What is the degree of dysphonia?

Clinician places slider between 0 and 100; indicates C or I. "Indicate the nature.." and Additional features responses are free text. Comments about resonance: Indicate normal or Other, if other then free text

Legend: C- Consistent I = Intermittent
MI = Mildly Deviant
MO = Moderately Deviant
SE = Severely Deviant

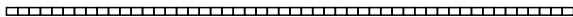
Overall Severity

MI MO SE

(Place a mark on the scale above)

Overall Severity

☐ Consistent ☐ Intermittent

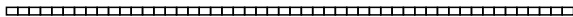
Roughness

MI MO SE

(Place a mark on the scale above)

Roughness

☐ Consistent ☐ Intermittent

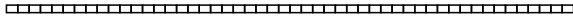
Breathiness

MI MO SE

(Place a mark on the scale above)

Breathiness

☐ Consistent ☐ Intermittent

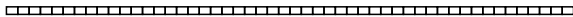
Strain

MI MO SE

(Place a mark on the scale above)

Strain

☐ Consistent ☐ Intermittent

Pitch

MI MO SE

(Place a mark on the scale above)

Pitch
(Indicate the nature of the abnormality):

Pitch

☐ Consistent ☐ Intermittent

5. Treatment obtained	
Has the patient undergone any treatment for their condition?	<input type="radio"/> Yes <input type="radio"/> No
Select all that apply:	<input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Surgery <input type="checkbox"/> Voice/Speech therapy <input type="checkbox"/> Other
Surgery	<input type="checkbox"/> Endoscopic laser <input type="checkbox"/> Partial laryngectomy
Other, please specify	